

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1 - March 1 • Filing Fee: \$50.00

	Corporations เวเบเรเอ
	i00 North Main Stree
	Providence, RI 02903-133
	401.222.304
2005	
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(FORM MUST BE TYPED OR PE	 				
1. Corporate ID No. 91908	2. Name of Corpora				·
3. Street Address Principal Busines	I ne Snowple	ow Center, Inc.			
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4 Hustness Phone No.	411	5. State of Incorporation	"		6. SIC Code
397-4700	<u>) </u>	RHODE ISLAN	D		5884
7. Brief Description of the Charact SALES AND SERVICE	er of Business Conducted OF SNOW REMOVE	In Phodo Island			
8. NAMES AND ADDRESS				,	
President Name	.5 OF THE OFFICE	KS: (X BUX FUR AT	IACHMENT) [FILL 1 : Vice <u>Preside</u> nt Name /	N SPACES BEFORE USING	G ATTACHMENTS
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Secretary Name		<u> </u> @2827	DX676R	I RX	02873
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City	State /	Zip	City	State	Zip
Director Name	1 /4/17/	103031	MILBURY	MA	0/528
metan pame			Director Name		***************************************
Street Address			<u> </u>		
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		7	including any accordanced terein an	mplosing schedules and state	ments, and that all staten
7/2 Day 1/5/05	<		Committee of creating the	C Green conect.	/ /



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporate ID No.	2. Name of Corporation			
91908	The Snowplow Center, I	nc.		
Street Address Principal Bus 45 TNOU	STRIPL UR	City & XETEN	State RZ	0282:
Business Phone No. 401–397 ~	- 47 na	of Incorporation		6. SIC Code 5884

TREED MOLLO Street Address v STOLLAR City Street Addr Sircet Addig City OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City State City State Zip Director Name Street Address Street Address State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **600 NO PAR VALUE** 100 600MMO1 ベロンビ This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	1 1 1 1 1 1 1 1 1 1
File Date	FILED
Check No	DEC 2 9 2003
Ву:	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affir	m that I have examined this report
including any accompanying schedules and	statements, and that all statements
contained to rein are this and correct.	80/00
feld // ne	_ 12/4/05
Signature of Office	Date
- FRED HOXIG	·
Print or Type Name of Officer	
(Mos, 670	

Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00 FORM MUST BE TYPED OR PRINTED IN BLACK 1. Corporate ID No. 2. Name of Corporation 91908 The Snowplow Center, Inc. 3. Street Address Principal Business Office 45 INDUSTRIAL 4. Business Phone No. 5. State of Incorporation 6. SIC Code 39) - 4100 **RHODE ISLAND** 5884 7. Brief Description of the Character of Business Conducted in Rhode Island afor who c- Rot 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS FILL IN SPACES BEFORE USING ATTACHMENTS ACHMENT) Director Name Street Address State Zip Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Class/Series Par Value **600 NO PAR VALUE** This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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FOR SECRETARY OF STATE USE ONLY

	Under penalty of perjusy I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
	that all systements contained perein are true and correct.
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	Signature of Officer Vate
	TRED HONE
	Print or Type Name of Officer
	Plat 57
	Title of Officer

Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CODDODATION ANNUAL DE

Filing Period: Januar	PORATION / ry 1-March 1 • 1	ANNUAL REI Filing Fee: \$50.00	PORT FOR TH	E YEAR	STO PLEASE R INVERCE
(FORM MUST BE TYPED IN BE					
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3. Street Address Principal Busines	The Snowplov	Center, Inc.			
45 Indust			EXEIBR	_ State RD	z100821
397-470		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Charact MFG SXOL	eplows+77	RK BODIOS	- PATHFINE) EST	
8. NAMES AND ADDRE	SEES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES : Vice President Name	BEFORE USING ATTACHM	IENTS
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EXETER Secretary Name	III PE	02822	EXETER	state RI	21002823
Street Address	Touce		Treasurer Name Faco Ho	M6	
339/4-5	Cornery	Te	Street Address 33945	CourryTR	
EXETED	. State R &	02822	EXETER	State RF	Z1p 02822
9. NAMES AND ADDRES)	FORS ("X" BOX FOR ATTAC	CHMENT) · FILL IN SPACE Director Name	S BEFORE USING ATTACH	MENTS
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339/H S>	COUNTY 7	2	Street Address		
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This report must be sign 	ea in ink by either 	tne President, Vice Pr 	esident, Secretary, Assist	ant Secretary, Treasurer,	Receiver or Trust
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FOR SECRETARY C	F STATE USE ONLY	

	Under penalty of perjury, I declare and affirm that I have examined
,	this report, including any accompanying schedules and statements, ar
X	12/2/01
_	Manayin of Officer Date
	Print of Type Name of Officer
	Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No.

2. Name of Corporation

91908

The Snowplow Center, Inc.

3.	. Street Address Principal Business Offic	ce
	45 INDUSTRUE	$\times Da$

RHODE ISLAND

MFG	snowprows	+ TRUET B	ට01 ජ
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8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) PRAIG HONE

FILL IN SPACES BEFORE USING ATTACHMENTS

S. Covery To

S. Cousery

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Prais Homo

331B So. COUNTY TR.

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUILD SHARES

Number of Shares

Class/Serles

Par Value

600

COMMON

600 SHS NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

3. Street Address Principal Business Office

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK)		
1. Corporate ID Nº 908	² The Showpton	Center, Inc.	

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President Name		TICERS (A BUX FUR ATTACH	Vice President Name	EFORE USING ATTACHM	IENTS
Street Address FRED H				ROBINSON	
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EXETER	RI	02822	RICHMOND	Stal R. I	02872
FRED Street Address	HONE		TRED HO	Wo	
45 IN!) U CTOLAL	DR	Street Address 45 FNDU	SPRIAL DR	
EXETER	State RI	01827	EXETEST	KI	02872
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC		BEFORE USING ATTACH	IMENTS
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45 7	VICE TO A DE 7	10	Street Address		
45 IND EXETER	State RT	1817	City	State	Zip
Hrector Name	· · ·		Director Name		
treet Address			Street Address		
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no in	**************************************		100	COMMON	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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Check No.: 3738	
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FOR SECRETARY OF STATE USE ONLY

	Under penalty of perfury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
0	that all statements comparised herein are true and correct.
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	Signifier of Office / Date
	FRED HONE
	Print or Type Name of Officer
	Pros. Soc Trom
_	Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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(FORM MUST R	F TVPFD IN REACK)	

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1. Corporate ID No.

2. Name of Corporation

91908

The Snowplow Center, Inc.

3 Street Address Principal Business Office

45 INDUSTRIAL DR.

5. State of Incorporation RHODE ISLAND

1. Business Phone No. 401-397-4700

7 Brief Description of the Character of Business Conducted in Rhode Island

MFG., DIST. + SLS SNOWPLOWS ALIO INSERT DUMP BODIES FOR PIETUR TRUENS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

BEATKIZ E. SIERRA

SOUTH COUNTY TRAIL

FRED HONE

JOSIE ROBINSON

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EXETER

SOUTH COUNTY TRAIL

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) BEATRIZ E. SIEDRA

SOUTH COUNTY TRAIL

JOSIE KUBINSON

treo Hone

COUNTY TRAIL

: Street Address

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT

AUTHORIZED SHARES

Number of Shares

Class/Series

Por Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

100

600 SHS NO PAR VALUE

COMMON

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and

Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate II) No. 91908 The Snowplow Center, Inc. 3. Street Address Principal Business Office 7. Brief Description of the Character of Business Conducted in Rhode Island OF SNOWDWYS HALT ~ WHOLLROS 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) · City Zip City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Street Address Zip City State Director Name Director Name Street Address Street Address City State Zip State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Class/Series Par Value 600 SHS NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 1 9 0 8 *	Under penalty of periusy I declare and effect at the
File Date:	1/5/98	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements employed herein are true and correct.
Check No.:	12/04	Signafuse of Offices Date Date
By: FOR SECRETARY (OF STATE USE ONLY	Print or Type Name of Officer The of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 3. Street address Principal Business Office The Snowplow Center, Inc. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island SALES ALLO SERVICE SMOWREMOUAL EQUIPMENT TREVATIO ACTIVITIES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Nam _red CJ 82 2 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name ONE Street Address Street Address City State City State Director Name Director Name Street Address Street Address State City State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value _600 SHS NO PAR VALUE ΝΟΛΙΈ This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and that all systements companying schedules and statements.

TRED HONG

Print or Type Name of Officer

TRED HONG

Title of Officer